U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.		
E WILLIAM		
1. File Number U - 6838	2. Fiscal Year Covered From:	
•	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Phillip R Saal	Name Teamsters Local 542	
	Labor Organization File Number 038-722	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 739 So. Anza Street	Street 4666 Mission Gorge Place	
City El Cajon	City San Diego	
State California ZIP Code + 4	State California ZIP Code + 4 92120	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate. Name and address of Employer (including trade name, if any)	tion represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street	7.b. Amount.	
City		
State ZIP Code + 4		
Sig	nature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed & Willia & Man	On 08/10/2005 619-582-0542	

Date

Telephone Number

Name of Gasoff and Phillip Saal	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Safeguard Health Plans	Processors	
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any Suite 100	c. Employer	
Street 95 Enterprise	o. Employor	
City Aliso Viejo		
State California ZIP Code +4 92656-2605		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Request for proposal for dental plan for Local staff	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City	11.b. Approximate dollar value of such dealing.	
State California ZIP Code + 4	12.a. Nature of interest held or income received. Go1f 3/12/04	
	12.b. Amount. \$50	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value,	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
No. 20		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City	数 Vite.15x1 2005-9007 (c.) Vien 35 Vices (c.) (d.) 44.5.000 Vices (d.) 4.5.000 (c.) 4.5	
grand and the state of the stat		
State ZIP Code + 4		

Name of Person Filing Phillip Saal	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Delta Dental	a. Labor Organization	
Trade Name, if any:	Earld	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 12898 Towne Center Drive	c. Employer	
City Cerritos		
State California ZIP Code + 4 90703		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	and an experience of the second
Name SanDiego Co. Teamsters Employers Ins. Trust	Soliciting business	***************************************
Trade Name, if any: STEFA		-
P.O. Box, Bldg., Room No., if any Suite 207		
Street 2831 Camino Del Rio South		- Andrews
City San Diego		
State California ZIP Code + 4 92108	11.b. Approximate dollar value of such dealing.	***************************************
	12.a. Nature of interest held or income received.	inanananun-ami
	Baseball Game and lunch 9/8/04	
	12.b. Amount.	\$125

Name of Person Filing Phill:	ip Saal		File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Health Management Center, Inc.	a Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any Suite 1000	b. Trust	
Street 7755 Center Avenue	c. Employer	
City Huntington Beach		•
State California ZIP Code + 4 92647		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11,a, Nature of such dealing.	
Name Teamsters&Food Employers Security Trust Fund	Soliciting Business	(Address of the Control of the Contr
Trade Name, if any:		en color hum. s.
P.O. Box, Bldg., Room No., if any		
Street 1000 S. Fremont Avenue, A-9 West		a some and a some and a some a
City Alhambra		
State California ZIP Code + 4 91803-4737	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Golf and Lunch 10/12/04	e posen
		ALAA WALLOW
		man profit politica in the contract of the con
		eneral/ineraco
		cine recine dans
		wareasta

	12.b. Amount.	\$75

Nove of Decree Filt	
Name of Person Filing Phillip Saal	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Rx Prescription Solutions	a Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	∑ b. Trust	
Street 3515 Harbor Blvd.	c. Employer	
City Costa Mesa		
State California ZIP Code + 4 92626		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name SanDiego Co.Teamsters Employers Ins, Trust	Soliciting Business	
Trade Name, if any: STEFA		
P.O. Box, Bldg., Room No., if any Suite 207		
Street 2831 Camino del Rio South		American Ame
City San Diego		
State California ZIP Code + 4 92108	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Golf and lunch 7/29/04	
		vezereze

		TOWNS OF THE PARTY
	12.b. Amount.	\$190

Name of Person Filing Phillip Saal	File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Health Management Center, Inc.	a. Labor Organization	
Trade Name, if any: HMC	d. Edboi Organization	
P.O. Box, Bldg., Room No., if any Suite 1000	b. Trust	
Street 7755 Center Avenue	c. Employer	
City Huntington Beach		
State California ZIP Code + 4 92647		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name SanDiegoCo.Teamsters EmployersIns.Trust Fund	Request for proposal for behavioring precription plan	al health and
Trade Name, if any: STEFA		And the second s
P.O. Box, Bldg., Room No., if any Suite 207		a) veron and conjugate
Street 2831 Camino del Rio South		·
City San Diego		anatus
	In the second se	***************************************
State California ZIP Code + 4 92108	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Golf and lunch 4/1/04	
		and the second s
		accipation of the control of the con
		· ·
		Storwishedd
	12.b. Amount,	\$75

Name of Person Filing Phillip Saal	File Number U-

8. Name and address of Business (including trade name, if any). Name Pacific Federal Trade Name, if any: PACFED P.O. Box, Bldg., Room No., if any Suite 400 Street 1000 North Central Avenue City Glendale State California ZIP Code + 4 91202	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	Request for information on various health plans.
ZIF Coue + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received. Golf and breakfast 4/23/04
	12.b. Amount. \$80

ı	Name of Person Filing		
	Name of Person Filing	Phillip	Saal

File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Southwest Administrators Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	∑ b. Trust	
Street 1000 So. Fremont Avenue	c. Employer	
City Alhambra State California ZIP Code + 4 91803-4737		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Food Employers Trust Fund Trade Name, if any:	Administer the trust	
P.O. Box, Bldg., Room No., if any		
Street 1000 So. Fremont Avenue		
City Alhambra		
State California ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Golf 5/10/04	
	12.b. Amount.	\$150

Name of Person Filing Phillip Saal	File Number U-

8. Name and address of Business (including trade name, if any). Name James Matthew Brown Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 200 Street 2044 First Avenue City San Diego State California ZIP Code + 4 92101	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Group Legal Consultants Trade Name, if any: JC 42 Legal Benefit Plan P.O. Box, Bldg., Room No., if any P.O., Box 3417 Street City Burbank State California ZIP Code + 4 91508-3417	Soliciting legal business 11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	Baseball game 6/2/04
	12.b. Amount. \$65

Name of Person Filing Phillip Saal	File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name American Union Financial Services Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 420 Street 2 Venture Plaza City Irvine State California ZIP Code + 4 92618	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	Soliciting Business 11.b. Approximate dollar value of such dealing.	
on the second of	12.a. Nature of interest held or income received.	Matalania ing mananananananananananananananananananan
	Golf and Dinner 6/18/04	The state of the s
	12.b. Amount.	\$200

Name of Person Filing Phillip Saal		File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name American Union Home Loan	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any 7th Floor	b. Trust	
Street 3200 Bristol Street	c. Employer	
City Costa Mesa		
State California ZIP Code + 4 92626		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Soliciting Business	974900000000000000000000000000000000000
		reaceon-san
Trade Name, if any:		······································
P.O. Box, Bldg:, Room No., if any		***************************************
Street		
		· · · · · · · · · · · · · · · · · · ·
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	**************************************
	Golf 6/21/04	-
		·
		and Anna Prince - Anna Prince
		above policeson
	12.b. Amount.	\$85

Name of Person Filing Phillip Saal		File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Safeguard Health Plans	a. Labor Organization		
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any Suite 100	b. Trust		
Street 95 Enterprise	c. Employer		
City Aliso Viejo			
State California ZIP Code + 4 92656-2605			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a, Nature of such dealing.		
Name (Soliciting Business		
Trade Name, if any:		the end of	
P.O. Box, Bldg., Room No., if any		a securita de la constante de	
Street		and the state of t	
City		uroni-anonazione	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.		
	12.a. Nature of interest held or income received.		
	Golf 7/2/04	* 1 No. 1	
	12.b. Amount.	\$75	

Name of Person Filing Phillip	Saal	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Rx Prescription Solutions Trade Name, if any: P.O. Box, Bldg., Room No., if any Mailstop LC07-119 Street 3515 Harbor Blvd. City Costa Mesa State California ZIP Code + 4 92626	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name SanDiego Co.Teamsters EmployersIns.TrustFund Trade Name, if any: STEFA	Request for proposal for prescript	ion plan
P.O. Box, Bldg., Room No., if any Suite 207 Street 2831 Camino Del Rio South		
City San Diego		
State California ZIP Code + 4 92108	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	**************************************
	Golf and lunch 7/29/04	
	12.b. Amount.	\$125

Name of Person Filing Phillip Saal	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Blue Cross Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 21555 oxnard st City woodland hills State California ZIP Code + 4 91367	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
$q_{2} a_{2} a_{3} a_{3} a_{4} a_{4} a_{5} a_{4} a_{5} a_{5} a_{4} a_{5} a_{5} a_{4} a_{5} a_{5$	Soliciting Business
Name san diego co.teamsters employers trust fund	5
Trade Name, if any: STEFA	
P.O. Box, Bldg., Room No., if any	
Street 2831 Camin Del Rio So	
City San Diego	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received. Golf - 8-9-04
State California ZIP Code + 4 92108	
	12.b. Amount. \$125
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Phillip Saal	File Number U-
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8. Name and address of Business (including trade name, if any). Name New York Life Insurance Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 300 Street 8910 University Center Lane City San Diego State California ZIP Code + 4 92122	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	Soliciting life insurance and key business	nan insurance
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	1886 (February 1888) is not transfer that the state of th
	Golf 8/12/04	
	12.b. Amount.	\$90

Name of Person Filing Phillip Saal	File Number U-
the state of the s	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Delta Dental	a Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 12898 Towne Center Drive	c. Employer	
City Cerritos		
State California ZIP Code + 4 90703		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Request for proposal for dental ploffice staff	an for local
Trade Name, if any:		
		1 A
P.O. Box, Bldg., Room No., if any		5 (MA) METO METO METO METO METO METO METO METO
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Baseball Game and lunch 9/8/04	VOAVORANTATA
		a service converges
		di vinavezazaza
		esti-composition are in A.
	12.b. Amount.	\$125

Name of Person Filing Phillip Saal	File Number	U-
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8. Name and address of Business (including trade name, if any). Name Rx Prescription Solutions Trade Name, if any: P.O. Box, Bldg., Room No., if any Mailstop LC07-119 Street 3515 Harbor Blvd. City Costa Mesa	9. Business deals with: a. Labor Organization b. Trust c. Employer	
State California ZIP Code + 4 92626	dd - Mahara af arab da alba	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. Request for proposal for presriptic	
Name SanDiego Co.TeamstersEmployers Ins.TrustFund Trade Name, if any: STEFA P.O. Box, Bldg., Room No., if any Suite 207 Street 2831 Camino del Rio South City San Diego State California ZIP Code + 4 92108	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Golf and lunch 16/12/04	
	12.b. Amount.	\$190

Name of Person	Filing	Phillip	Saal

File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Safeguard Health Plans Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 100 Street 95 Enterprise City Aliso Viejo State California ZIP Code + 4 92656-2605	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	Soliciting business	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Dinner 11/6/04	
	12.b. Amount.	\$125

Name of Person Filing Phillip Saal	File Number U-

g		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Safeguard Health Plans	a. Labor Organization	
Trade Name, if any:	a. Laboi Olganization	
P.O. Box, Bldg., Room No., if any Suite 100	b. Trust	
Street 95 Enterprise	c. Employer	
City Aliso Viejo		
State California ZIP Code + 4 92656-2605		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	•
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	Soliciting business	
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Dinner JC 42 meeting 12/10/04	
	12.b. Amount.	\$125

Name of Person Filing	Phillip	Saal
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File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Pacific Coast Benefit Trust	a. Labor Organization	
Trade Name, if any: PCBT		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 2323 Eastlake Avenue East	c. Employer	
City Seattle		
State Washington ZIP Code + 4 98102		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Pacific Coast Benefit Trust	Trust Meeting	200000000000000000000000000000000000000
Trade Name, if any: PCBT		e e e e e e e e e e e e e e e e e e e
P.O. Box, Bldg., Room No., if any		***************************************
Street 2323 Eastlake Avenue East		NOTO CONTRACTOR OF THE CONTRAC
		NA AMAGEMENT
City Seattle		
State Washington ZIP Code + 4 98102	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Lodging, airfare, rental car for t 5/25/04	rust meeting
	12.b. Amount.	\$462

Name of Person Filing	Phillip Saal	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Pacific Coast Benefit Trust	a. Labor Organization	
Trade Name, if any: PCBT	b. Trust	
P.O. Box, Bldg., Room No., if any		
Street 2323 Eastlake Avenue	c. Employer	
City Seattle		
State Washington ZIP Code + 4 98102		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	**********
Name Pacific Coast Benefit Trust	Trust Meeting	***************************************
Trade Name, if any: PCBT		***************************************
P.O. Box, Bldg., Room No., if any		mount inspects forwards
Street 2323 Eastlake Avenue		designation and the second
City Seattle		
State Washington ZIP Code + 4 98102	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Lodging, airfare, rental car for trust meeting 9/29/04	COLUN AND COMPANION COLU
		MA. Elevatoria de Verigo, de departo, o de
	12.b. Amount. \$1	536

Name of Person Filing Phillip Saal		File Number U-

8. Name and address of Business (including trade name, if any). Name Riviera Hotel Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1600 N. Indian Canyon Drive City Palm Springs State California ZIP Code + 4 92262	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	**************************************
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	Hotel where JC 42 meetings held 11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	Teleforenseen en
	Gift basket of fruit and cheese 6/	16/04
	12.b. Amount.	\$30

Name of Person Filing Phillip Saal	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Riviera Hotel	🔀 a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1600 N. Indian Canyon Drive	c. Employer	
City Palm Springs		
State California ZIP Code + 4 92262		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Hotel where JC 42 meeting held 12/	10/04
Trade Name, if any:		ondonomen or a
		поновання
P.O. Box, Bldg., Room No., if any		101111000-10000
Street		
City		October 1997
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	Annothing to the desired and the control of the con
	Gift basket of fruit and cheese	www.norec.cessco
		and chemical strong

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		word-infrastrumer

	12.b. Amount.	\$30

Name of Person Filing Phillip		File Number U-	
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Health Management Center, Inc. Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any Suite 1000	D. Trust	
Street 7755 Center Avenue	c. Employer	
City Huntington Beach State California ZIP Code + 4 92647		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Western Teamsters Welfare Trust	Health care provider	
Trade Name, if any:		e de la companya de l
P.O. Box, Bldg., Room No., if any		AMERICANA
Street 1000 So. Fremont Avenue - A9W		photocommunication
City Alhambra		trousers (version of the contract of the contr
State California ZIP Code + 4 91802-1121	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Golf and Lunch 2/04	· accomplete on
		and the second second
		or a position of the second of
		vivo retriction
		x 1 2
	12.b. Amount.	\$205

Name of Person Filing Phillip Saal	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Pacific Coast Benefit Trust Trade Name, if any: PCBT	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 2323 Eastlake Avenue East City Seettle	C. Employer	
State Washington ZIP Code + 4 98102		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Pacific Coast Benefit Trust	Trust Meeting 2/12/04	
Trade Name, if any: PCBT		Market Market
P.O. Box, Bldg., Room No., if any		
Street 2323 Eastlake Avenue East		
City Seattle		
State Washington ZIP Code + 4 98102	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Food, lodging and airfare for trust	z meeting 2/12/04
		OCCUPATION OF THE PROPERTY OF
		NAMES AND STATE OF THE STATE OF
		e considerate de la constante

	12,b. Amount.	\$452